



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

Region 2

06/27/2007

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000145466

INSTALLATION NAME: MACYS - NANUET #079

**INSTALLATION ADDRESS : 75 W RTE 59
NANUET, NY 10954**

**MAILING ADDRESS : 75 W RTE 59
NANUET, NY 10954**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**


**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: MACYS - NANUET #079
or Current Occupant
ATTN: ELIZABETH KONKLE
755 RTE 18 SOUTH & RUES LANE
MACYS EAST BRUNSWICK #088
EAST BRUNSWICK, NJ 08816**

VIA MAIL
E-MAIL
03/29/07
CPS

new #

OMB#: 2050-0028 Expires 06/30/2009

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.		United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY		Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)		EPA ID Number: <u>NYR100011451466</u>		
3. Site Name (page 14)		Name: <u>MACYS - NANUET # 079</u>		
4. Site Location Information (page 14)		Street Address: <u>ROUTE 59 75 West Route 59</u> City, Town, or Village: <u>NANUET</u> State: <u>NY</u> County Name: <u>Rockland</u> Zip Code: <u>10954</u>		
5. Site Land Type (page 14)		Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other <u>2/1/2006</u>		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)		A. <u>452111</u> B. <u> </u> C. <u> </u> D. <u> </u>		
7. Site Mailing Address (page 15)		Street or P. O. Box: <u>SAME</u> City, Town, or Village: _____ State: _____ Country: _____		
8. Site Contact Person (page 15)		First Name: <u>ELIZABETH</u> MI: <u>M</u> Zip Code: _____ Last Name: <u>KONKLE</u> Phone Number: <u>732-631-5593</u> Extension: _____ Email address: <u>ELIZABETH.KONKLE@MACYS.COM</u>		
9. Operator and Legal Owner of the Site (pages 15 and 16)		A. Name of Site's Operator: <u>MACY'S EAST</u> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Date Became Operator (mm/dd/yyyy): <u>2/1/2006</u> B. Name of Site's Legal Owner: <u>MACY'S EAST</u> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Date Became Owner (mm/dd/yyyy): <u>2/1/2006</u>		



SEND COMPLETED FORM TO:
The Appropriate State or EPA Regional Office.

United States Environmental Protection Agency 112:55

RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for Submittal
(See instructions on page 13.)

MARK ALL BOX(ES) THAT APPLY

Reason for Submittal:

☒ To provide Initial Notification of Regulated Waste Activity (hazardous waste, universal waste, or used oil activities)

☐ To provide Subsequent Notification of Regulated Waste Activity (hazardous waste, universal waste, or used oil activities)

☐ As a component of a First RCRA Hazardous Waste Report (hazardous waste, universal waste, or used oil activities)

☐ As a component of a Revised RCRA Hazardous Waste Report (hazardous waste, universal waste, or used oil activities)

☐ As a component of the Hazardous Waste Report (hazardous waste, universal waste, or used oil activities)

Need a Better Address

2. Site EPA ID Number
(page 14)

EPA ID Number

3. Site Name
(page 14)

Name:

Macy's - NANUET #079

4. Site Location Information
(page 14)

Street Address:

RT. 59

City, Town, or Village:

NANUET

State:

NY

County Name:

Rockland

Zip Code:

10954

5. Site Land Type
(page 14)

Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

2/1/2006

6. North American Industry Classification System (NAICS) Code(s) for the Site
(page 14)

A.

452111

B.

C.

D.

7. Site Mailing Address
(page 15)

Street or P. O. Box:

SAME

City, Town, or Village:

State:

Country:

Zip Code:

8. Site Contact Person
(page 15)

First Name:

ELIZABETH

MI:

M

Last Name:

KONKLE

Phone Number:

732-631-5593

Extension:

Email address:

ELIZABETH.KONKLE@MACYS.COM

9. Operator and Legal Owner of the Site
(pages 15 and 16)

A. Name of Site's Operator:

MACY'S EAST

Date Became Operator (mm/dd/yyyy):

2/1/2006

Operator Type:

☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Legal Owner:

MACY'S EAST

Date Became Owner (mm/dd/yyyy):

2/1/2006

Owner Type:

☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

9. Legal Owner (Continued) Address	Street or P. O. Box: 7 WEST 7th STREET	
	City, Town, or Village: CINCINNATI	
	State: OHIO	
	Country: USA	Zip Code: 45202

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

☒ **1. Generator of Hazardous Waste**
If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

☐ **d. United States Importer of Hazardous Waste**

☐ **e. Mixed Waste (hazardous and radioactive) Generator**

☐ **2. Transporter of Hazardous Waste**

☐ **3. Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

☐ **4. Recycler of Hazardous Waste (at your site)**

☐ **5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining

☐ **6. Underground Injection Control**

B. Universal Waste Activities

☒ **1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste mark all boxes that apply:**

	<u>Manage</u>
a. Batteries	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>
c. Mercury containing equipment	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>

☐ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

☐ **1. Used Oil Transporter**
If "Yes", mark each that applies.

☐ a. Transporter

☐ b. Transfer Facility

☐ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark each that applies.

☐ a. Processor

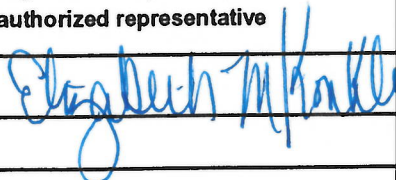
☐ b. Re-refiner

☐ **3. Off-Specification Used Oil Burner**

☐ **4. Used Oil Fuel Marketer**
If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)						
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
D001						
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.						
12. Comments (See instructions on page 21.)						
13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)						
Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)					Date Signed (mm/dd/yyyy)
	ELIZABETH M. KONKLE BUSINESS CONTINUITY MGR.					2/23/07



151 WEST 34TH STREET
NEW YORK, NY 10001

2007 FEB 27 PM 12:55

Macys East Brunswick #088
755 Route 18 South & Rues Lane
East Brunswick, NJ 08816

February 24, 2007

U.S. EPA Region 2
Division of Environmental Planning and Protection
RCRA Programs Branch, 22nd Floor
290 Broadway
New York, NY 10007-1866

Attn: Jack Hoyt

Subject: Request for new EPA ID number.

Dear Mr. Hoyt,

Enclosed is a request for a new EPA ID number for the location listed below. The store is part of the Federated Department Stores - Macys East Division. Our records state that the below location does not have an EPA ID number. Send the EPA ID number to my attention at the address listed above.

Macys East - Nanuet #079
Route 59
Nanuet, NY 10954
Tel: 845-627-4211

Regards,

Elizabeth M. Konkle
Business Continuity Manager
Tel: 732-631-5593
Fax: 732-631-5584

D22015227

SCPPW 8/6/2008

Form Approved. OMB No. 2050-0039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYR000145466	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 002079274 FLE	
5. Generator's Name and Mailing Address Macys East Store #079 Rt. 59 Attn: Operations Manager Manuel, NY 10954		Generator's Site Address (if different than mailing address) Rt. 59 Manuel, NY 10954				
Generator's Phone: (845) 627-4211		U.S. EPA ID Number MAD039322250				
6. Transporter 1 Company Name Clean Harbors Environmental Services Inc		U.S. EPA ID Number MAD039322250				
7. Transporter 2 Company Name Clean Harbors Environmental Services Inc		U.S. EPA ID Number NCD000648451				
8. Designated Facility Name and Site Address Clean Harbors Reidsville LLC 208 Watlington Industrial Drive Reidsville, NC 27320		Facility's Phone: (336) 342-6106				
9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type	11. Total Quantity	12. Unit Wt./Vol.
X	1. UN1998, WASTE FLAMMABLE LIQUIDS, N.O.S., (COSMETICS, ACETONE), 3, PG III			001 DM 300 P		D001
X	2. UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., (COSMETICS, ACETONE), 3, PG III			001 DF 250 P		D001 B
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1. MACYS PROFILE ERG#128 2. MACYS PROFILE ERG#128						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name Steven Dismuke				Signature St D		Month Day Year 8/11/08
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name ERIC Judd				Signature E Judd		Month Day Year 08/11/08
Transporter 2 Printed/Typed Name Dennis Ogden				Signature D Ogden		Month Day Year 8/13/08
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator) U.S. EPA ID Number _____						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H141		2. H141		3. _____		4. _____
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Randy Lawson				Signature Randy Lawson		Month Day Year 8/15/08

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

Clean Harbors has the appropriate permits for and will accept the waste the generator is shipping.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYR000144042	2. Page 1 of 2	3. Emergency Response Phone (800) 453-3718	4. Manifest Tracking Number 001744016 FLE	
5. Generator's Name and Mailing Address Macy's East Store #143 397 Greece Ridge Center, Attn: Operations Manager Rochester, NY 14626 585 723-8890			Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name Clean Harbors Environmental Services Inc.			U.S. EPA ID Number MAD039322260			
7. Transporter 2 Company Name FRANKS VACUUM TRUCK SERVICE			U.S. EPA ID Number NYD982792814			
8. Clean Harbors Raleighville LLC 208 Wellington Industrial Drive Raleighville, NC, 27320 (336) 342-6106			U.S. EPA ID Number NCD000848451			
Facility's Phone:						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. RQ, UN1983, WASTE FLAMMABLE LIQUIDS, N.O.S., (COSMETICS, ACETONE), 3, PG III (D001)	0001	DF	0250	P	D001 B
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1. MACYSPROFILE ERG128 1X55						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name Patricia Thudley		Signature 		Month Day Year 12 12 08		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:				
Transporter signature (for exports only):						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name FRANKS C. KEITH		Signature 		Month Day Year 02 19 08		
Transporter 2 Printed/Typed Name Daniel Stabinski		Signature 		Month Day Year 03 04 08		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. U111 2. 3. 4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Reeve Fewer		Signature 		Month Day Year 13 14 08		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYR000145466	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 000525210 FLE		
5. Generator's Name and Mailing Address Macy's East Store #079 Nanuet Rt. 59, Attn: Operations Manager Nanuet, NY 10954 Generator's Phone: 845 627-4211			Generator's Site Address (if different than mailing address)				
6. Transporter 1 Company Name Clean Harbors Env Services Inc			U.S. EPA ID Number MAD039322250				
7. Transporter 2 Company Name Maumee Express Inc			U.S. EPA ID Number NJD986607385				
8. Designated Facility Name and Site Address Clean Harbors Reidsville LLC 208 Wallington Industrial Drive Reidsville, NC, 27320 Facility's Phone: (336) 342-6106			U.S. EPA ID Number NCDD000648451				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	X	1. WASTE FLAMMABLE LIQUIDS, N.O.S., (COSMETICS, ACETONE) .3, UN1993, PG III					D001
		2.					B
		3.					
		4.					
14. Special Handling Instructions and Additional Information 1. MACYSPROFILE ERG#128 1X55							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offendor's Printed/Typed Name T BARR Signature T BARR Month Day Year 10 08 07							
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	Transporter signature (for exports only): _____						
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name ERIC Judd Signature E Judd Month Day Year 10 08 07						
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name Carol Gilling Signature C Gilling Month Day Year 10 10 07						
	18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number _____							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H111 2. 3. 4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name Kevin Felt Signature Kevin Felt Month Day Year 10 11 07							

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NYR000145466	2. Page 1 of 2	3. Emergency Response Phone (800)483-3718	4. Manifest Tracking Number 002276606 FLE	
5. Generator's Name and Mailing Address Macy's East Store #079 Rt. 59 Attn: Operations Manager Nanuet, NY 10954 Generator's Phone: (845)627-4211			Generator's Site Address (if different than mailing address) SAME			
6. Transporter 1 Company Name Clean Harbors Environmental Services Inc			U.S. EPA ID Number MAD039322250			
7. Transporter 2 Company Name DAFT Trucking Company Inc			U.S. EPA ID Number OH000965825			
8. Designated Facility Name and Site Address Clean Harbors El Dorado LLC 309 American Circle El Dorado, AR 71730 Facility's Phone: (870)863-7173			U.S. EPA ID Number ARD069748192			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.
	x	1. UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., (COSMETICS, ACETONE), 3, PG III	001 DF		200	P
		2.				
		3.				
		4.				
13. Waste Codes D001 8						
14. Special Handling Instructions and Additional Information 1. MACYSPROFILE ERG#128 1x55						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name T. BARRI			Signature T. BARRI		Month Day Year 12/8/08	
TRANSPORTER INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name ERIC Judd Signature Eric Judd Month Day Year 12/08/08 Transporter 2 Printed/Typed Name Michael J. Miller Signature Michael J. Miller Month Day Year 12/12/08					
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____					
	18b. Alternate Facility (or Generator) U.S. EPA ID Number					
	Facility's Phone: _____					
	18c. Signature of Alternate Facility (or Generator) Month Day Year					
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H040 2. 3. 4.					
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Regina Burger Signature Regina Burger Month Day Year 12/17/08						

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)